06/11/2009 12:42

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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2007 10 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 11 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Massachusetts Republican State Congressional Committee <sup>®</sup> D " D 1.0 0 1 2007 1.0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9164.06 Ž007 January 1 (b) Cash on Hand at 327.35 Begining of Reporting Period ..... 33181.00 487900.36 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 33508.35 497064.42 6(a) and 6(c) for Column B) ..... 33933.35 497489.42 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period -425.00 -425.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 75832.44 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 3<sup>D</sup>1 м м 1 0 2007 м м 1 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 346500.00 29200.00 (i) Itemized (use Schedule A) .......... 2670.00 105634.17 (ii) Unitemized ..... (iii) TOTAL (add 31870.00 452134.17 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 29301.73 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 31870.00 481435.90 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1311.00 4214.24 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 2250.22 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 33181.00 487900.36 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 33181.00 487900.36 (subtract Line 18(c) from Line 19) .....

Contributions to

23.

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 13034.17 307897.09 Expenditures..... (c) Total Operating Expenditures 13034.17 307897.09 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 35746.73 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 13958.08 13958.08 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 6941.10 139887.52 With Federal Funds ..... (c) Total Federal Election Activity (add 6941.10 139887.52 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 33933.35 497489.42 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

33933.35

497489.42

from Line 31).....

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ontributions (other than loans) le 11(d), page 3)	31870.00	481435.90
	ontribution Refunds ne 28(d))	0.00	0.00
	tributions (other than loans)	31870.00	481435.90
	deral Operating Expenditures e 21(a)(i) and Line 21(b))	13034.17	307897.09
	to Operating Expenditures ne 15, page 3)	1311.00	4214.24
•	rating Expenditures t Line 37 from Line 36)	11723.17	303682.85

FE6AN026

Form/Schedule : F3XA

Transaction ID:

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-o-

ccupation if one was not provided in order to meet best efforts policy.

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cor	e name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Joseph S. Annese Mailing Address 62 Collier Road  City Scituate	State MA	Zip Code 02066	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Annese Electrical Services. In Receipt For:  Primary General Other (specify)		n I Contractor 2 Year-to-Date ▼	Receipt
- В.	Full Name (Last, First, Middle Initial) Leon Asadoorian Mailing Address 40 Lowell Road  City Salem  FEC ID number of contributing	State NH	Zip Code 03079	Date of Receipt  M M M
	Name of Employer Information Requested  Receipt For: Primary General Other (specify)	Occupation Informati	n on Requested  e Year-to-Date ▼ 400.00	Receipt
<b>-</b> S.	Full Name (Last, First, Middle Initial) Edward Bamford  Mailing Address 31 Indian Trl  City Scituate  FEC ID number of contributing federal political committee.	State MA	Zip Code 02066	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Retired  Receipt For:  Primary General Other (specify) ▼	Occupation Retired  Aggregate	Year-to-Date ▼ 200.00	Receipt
	SUBTOTAL of Receipts This Page (optional) .			700.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 36 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Co	ongressional Committee	
Full Name (Last, First, Middle Initial) Stephen Binder		Date of Receipt
Mailing Address PO Box 286		10 12 2007
City Lincoln	State Zip Code MA 01773	Transaction ID: 71015.C166471
FEC ID number of contributing federal political committee.	C 01773	Amount of Each Receipt this Period 2500.00
Name of Employer Fidelity Investments	Occupation	Receipt
	Investment Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	7500.00	
Full Name (Last, First, Middle Initial) Elizabeth Burns		Date of Receipt
Mailing Address 90 Livingston Street DO NOT MAIL		10 16 2007
City	State Zip Code	Transaction ID: 71113.C166479
Lowell	MA 01851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Mary Burns		Date of Receipt
Mailing Address 90 Livingston Ave		10 09 2007
City	State Zip Code	Transaction ID: 71015.C166428
Lowell	MA 01851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Capital Associates Inc.	Occupation Consultant	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
		9500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) John Cabot			Date of Receipt
	Mailing Address 1 Tucks Point Road			10 19 2007
	City	State	Zip Code	Transaction ID: 71113.C166487
	Manchester	MA	01944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2500.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For:	_	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	5000.00	
	Full Name (Last, First, Middle Initial) Bradford Caron			Date of Receipt
	Mailing Address 12 Barstow Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 71015.C166461
	Norwell	MA	02061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	200.00	
	Full Name (Last, First, Middle Initial) Charles Colbert			Date of Receipt
	Mailing Address 90 Spencer Ave			10 11 2007
	City	State	Zip Code	Transaction ID: 71015.C166450
	Chelsea	MA	02150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer The Chappy Corp.	Occupatio Presiden		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
Г				3000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 36 (check only one)    X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) William Frothingham			Date of Receipt
	Mailing Address 117 School St			10 / 09 / 4 9 9
	City Manchester	State MA	Zip Code 01944	Transaction ID: 71015.C166431  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Timothy Gendron			Date of Receipt
	Mailing Address 60 Cross Road	10 11 2007		
	City	State	Zip Code	Transaction ID: 71015.C166451
	Lunenburg	MA	01462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Tims Fabrications Inc.	Occupatio Construc		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	200.00	
_	Full Name (Last, First, Middle Initial) James Grasseschi			Date of Receipt
	Mailing Address 44 Simmonds Hill Ro	oad		10 11 2007
	City Hubbardston	State MA	Zip Code 01452	Transaction ID: 71015.C166460  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OTTOE	200.00
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)			500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 36 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Con	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Wayne Griffin Mailing Address 2 Briar Lane  City Medway  FEC ID number of contributing federal political committee.  Name of Employer wayne J Griffin Electric Inc.  Receipt For:  Primary General Other (specify)	State MA  C  Occupatio Presiden  Aggregate		Date of Receipt  10 11 2007  Transaction ID: 71015.C166453  Amount of Each Receipt this Period  250.00  Receipt
<b>—</b> В.	Full Name (Last, First, Middle Initial) Joseph Harold III  Mailing Address 21 Circuit Ave  City  Scituate  FEC ID number of contributing federal political committee.  Name of Employer Sagamore Plumbing & Heating In  Receipt For:  Primary General  Other (specify)	State MA  C  Occupatio Executive Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Thomas Hazen  Mailing Address 17 College View Hts  City South Hadley  FEC ID number of contributing federal political committee.  Name of Employer Hazen Paper Company  Receipt For: Primary General Other (specify)	State MA  C  Occupatio Consulta  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	1		650.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \ \	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cor	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Elizabeth Johnson Mailing Address 1 Charles River Squa	ıre		Date of Receipt
	City Boston	State MA	Zip Code 02114	1 0 3 0 2 0 0 7  Transaction ID: 71113.C166507  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Receipt
	Name of Employer Retired  Receipt For:  Primary  General  Other (specify) ▼	Occupation Retired  Aggregate	e Year-to-Date ▼ 200.00	
- З.	Full Name (Last, First, Middle Initial) C. Bruce Johnstone Mailing Address 827 Charles River St.	Date of Receipt		
	City	State	Zip Code	Transaction ID: 71113.C166475
	Needham  FEC ID number of contributing federal political committee.	C	02492	Amount of Each Receipt this Period 600.00
	Name of Employer Fidelity Investments	Occupation Executive	е	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
- ).	Full Name (Last, First, Middle Initial) Drew Leff Mailing Address 38 Heath St.			Date of Receipt  10 05 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: 71015.C166421
	Brookline  FEC ID number of contributing federal political committee.	C	02445	Amount of Each Receipt this Period  200.00
	Name of Employer GLC Development Resources	Occupation Real Est	ate Consult.	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)	1		900.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 36 (check only one)    X   11a
or for commerci	ial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	COMMITTEE (In Full) setts Republican State Con	gressional C	ommittee	
A. Francis Leha				Date of Receipt
Mailing Addr	ress 11 Norwood Avenue	State	Zip Code	10 23 2007
City Mancheste	er	MA	21p Code 01944	Transaction ID: 71113.C166493  Amount of Each Receipt this Period
FEC ID num	nber of contributing cal committee.	C		1000.00
Name of Em Retired	ployer	Occupatio Retired	n	Receipt
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1200.00	
B. Francis Madi	<u> </u>	1		Date of Receipt
	Mailing Address 125 Cranbrook Drive DO NOT MAIL			10 11 2007
City		State	Zip Code	Transaction ID: 71015.C166448
	aber of contributing cal committee.	C	01520	Amount of Each Receipt this Period  200.00
Name of Em F.W.Madiga	ployer in Company, Inc.	Occupatio Owner	n	Receipt
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 200.00	
Full Name (L	ast, First, Middle Initial) gan III			Date of Receipt
Mailing Addr	ress 125 Cranbrook Drive DO NOT MAIL			10 11 2007
City		State	Zip Code	Transaction ID: 71015.C166447
	ber of contributing cal committee.	C	01520	Amount of Each Receipt this Period  200.00
Name of Em F.W.Madiga	ployer in Company, Inc.	Occupatio Owner	n	Receipt
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of	f Receipts This Page (optional)			1400.00
	Period (last page this line number		<u> </u>	

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14/36   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co	ngressional C	ommittee	
Full Name (Last, First, Middle Initial) Alexander Ogonowski			Date of Receipt
Mailing Address 713 Broadway Rd.			1 0 0 9 2 0 0 7
City Dracut	State MA	Zip Code 01826	Transaction ID: 71015.C166427  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		8000.00
Name of Employer Self Employed	Occupatio Farmer	n	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 8125.00	
Full Name (Last, First, Middle Initial) Harold Pratt	<b>-</b>		Date of Receipt
Mailing Address 1010 Memorial Drive #9A	10 23 7 2007		
City Cambridge	State MA	Zip Code 02138	Transaction ID: 71113.C166491  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Nichols & Pratt, LLP	Occupatio Private T		Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Horace Schermerhorn			Date of Receipt
Mailing Address 10 Village Drive			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City East Sandwich	State MA	Zip Code 02537	Transaction ID: 71015.C166403  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.2007	100.00
Name of Employer Retired	Occupatio Retired	n	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional)	1		8350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 15/36   (check only one)				
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State C						
Full Name (Last, First, Middle Initial) Steven Snider		Date of Receipt				
City Newton	State Zip Code MA 02458-2421	Transaction ID: 71015.C166470  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2500.00				
Name of Employer Pyramis Global Advisors	Occupation Portfolio Manager	Receipt				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  7500.00					
Full Name (Last, First, Middle Initial) Robert Spence		Date of Receipt				
Mailing Address 83 E. Water Street	10 23 YYYYY 2007					
City Rockland	State Zip Code MA 02370	Transaction ID: 71113.C166495  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Albert Culver Company	Occupation Owner	Receipt				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Campbell Steward		Date of Receipt				
Mailing Address 65 Asbury St.		10 19 2007				
City	State Zip Code	Transaction ID: 71113.C166488				
Topsfield  FEC ID number of contributing federal political committee.	MA 01983	Amount of Each Receipt this Period  500.00				
Name of Employer Retired	Occupation Retired	Receipt				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00					
SUBTOTAL of Receipts This Page (options	al)	3100.00				
	nber only)					

В.

Receipt For:

Primary

Other (specify)

General

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 16/36 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Date of Receipt Peter Torkildsen Mailing Address 1 Stony Brook Road 3 0 2007 10 City State Zip Code Transaction ID: 71113.C166510 Chelmsford MA 01863 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Receipt Name of Employer Information Requested Occupation Information Requested Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Clayton Trefry Date of Receipt Mailing Address 4712 Scotts Mill Ct. 11 2007 City Transaction ID: 71015.C166454 State Zip Code Saugus MA 01906 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Receipt Name of Employer Retired Occupation Retired

		1100.00
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number only)	<b>•</b>	29200.00

Aggregate Year-to-Date ▼

300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any per ame and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congre	essional Committee	
Full Name (Last, First, Middle Initial) Good Technology Inc. Mailing Address 4250 Burton Drive City	State Zip Code	Date of Receipt  1 0 0 1 2 0 0 7  Transaction ID: 71015.C166401
Santa Clara  FEC ID number of contributing federal political committee.	CA 95054-	Amount of Each Receipt this Period 1311.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  1311.00	Offsets to Operating Expenditu

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1311.00
TOTAL This Period (last page this line number only)	<b>•</b>	1311.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 36 (check only one)												
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30k										
Any Information copied from such Reports and Statem		by any person for	or the purpose of solici	iting contributions										
or for commercial purposes, other than using the name	and address of any political c	ommittee to sol	icit contributions from	such committee										
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee													
Massachusells nepublican State Congress	ionai Committee													
Full Name (Last, First, Middle Initial) Css Castle Self-Storage			Transaction ID: 7											
Mailing Address 39 Old Colony Ave.			10 M / D 1 D / Y 2 0 0 7											
•	State Zip Code MA 02127-		Amount of Each Dis	sbursement this Period										
Purpose of Disbursement Storage				319.00										
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		STORAGE											
Full Name (Last, First, Middle Initial) Conference Call Conference Call.			Transaction ID: 7											
Mailing Address 1445 MacArthur Dr. Suite 214			10 / 22	<sup>Y</sup> <sup>Y</sup> 2007 <sup>Y</sup>										
City	State Zip Code TX 75007-		Amount of Each Dis	sbursement this Period										
Purpose of Disbursement Conference Call				167.67										
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		CONFERENCE CALL											
Full Name (Last, First, Middle Initial) Hui Jojo Deng			Transaction ID: 7											
Mailing Address 117 Beaconsfield Road			10 / 11	<sup>'</sup> 2007										
	State Zip Code MA 02445-		Amount of Each Dis	sbursement this Period										
Purpose of Disbursement Accounting Services				429.00										
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		ACCOUNTING SERVICES											
SUBTOTAL of Disbursements This Page (optional) .				915.67										
TOTAL This Period (last page this line number only)														

В.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:	PAGE 19/36					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	X 21b 27	2		23		24		25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											5	
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) Guardian Guardian				D:	ate o	action f Disb	urse	7101 ement		956 2 0 0 7	7 <sup>Y</sup>	
Mailing Address Boston Group Office  1 Liberty Square												
,	State Zip Code MA 02109-			A	mour	nt of E	ach	Disburs	emer	nt this I	Period	
Purpose of Disbursement Insurance										317.99	)	
Candidate Name			tegory/ Type									
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		<u> </u>	INSURANCE								
Full Name (Last, First, Middle Initial)				Tr	ransa	action	ID:	7111	3.E9	973		
Bruce Harrison				_	ate o	f Disb	urse	ement	v · ,	v	V	
Mailing Address 101 Elm St					1 0			1	2	ž o ŏ 7	7	
	State Zip Code MA 01880-			Aı	mour	nt of E	ach	Disburs	emer	nt this	Period	
Purpose of Disbursement Reimbursement for postage										22.00	)	
Candidate Name			tegory/ ype									
Senate President	ment For: Primary General Other (specify)			RE	EIME	BURS	SEM	IENT F	OR	POST	AGE	
State: District: Full Name (Last, First, Middle Initial)								7404				
HPH Inc. Harvard Pilgram Heal				D	ate o	f Disb	urse					
Mailing Address 1200 Crown Colony Dr.					10	/	1	<b>1</b> /	Y 2	2007	7 <sup>Y</sup>	
	State Zip Code MA 02169-			Aı	mour	nt of E	ach	Disburs				
Purpose of Disbursement Health Insurance				L	-				23	391.58	3	
Candidate Name			tegory/ ype									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			HE	EALT	ΓΗ IN	ISU	RANC	=			
State: District:	• • • • • • • • • • • • • • • • • • • •											
SUBTOTAL of Disbursements This Page (optional)			▶						32	31.57		

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN	E NUMBE	ER:	AGE 2	0 / 36			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	22 28a	23 28b	24	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persor	n for the pu	urpose of	soliciting of	ontribut	ions		
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.				Date	of Disbu					
Mailing Address PO Box 200105				1 <sup>M</sup> 0		11 /	ž0	0 7 Y		
	State Zip Code PA 15251-			Amou	unt of Ea	ch Disburs				
Purpose of Disbursement Payment of debt for IT Support party related non fe	ea			] L.			1000	0.00		
Candidate Name			tegory/ ype							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			PAYMENT OF DEBT FOR IT SU- PPORT PARTY RELATED NON FEA						
Full Name (Last, First, Middle Initial)				Trans	saction I	<b>D</b> : 7101	5 F997	'n		
Konica Minolta Business Systems					of Disbu	-	J.L337	O		
Mailing Address P.O. Box 7247-0322				1 <sup>M</sup> 0	M / [	11 /	ž 0	07		
,	State Zip Code PA 19170-0322			Amou	unt of Ea	ch Disburs	ement th	nis Period		
Purpose of Disbursement Copier Rental				T L.			771	.75		
Candidate Name			tegory/ ype							
Senate President	ement For: Primary General Other (specify)			COP	IER REI	NTAL				
State: District: Full Name (Last, First, Middle Initial)						<b>-</b> 7404				
Paychex/InterPay					of Disbu					
Mailing Address PO Box 8295				1 0		04	20	0 7 Y		
	State Zip Code MA 02266-			Amou	unt of Ead	ch Disburs				
Purpose of Disbursement Payroll Taxes				L.			1384	.09		
Candidate Name			tegory/ Type							
Office Sought: House Disburse Senate President	ement For:  Primary  Other (specify)			PAY	ROLL T	AXES				
State: District:										
SUBTOTAL of Disbursements This Page (optional) .		<u></u>	<b>•</b>				3155	.84		

TOTAL This Period (last page this line number only) ......

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 21 / 36 (check only one)													
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	21b 27	22 28a	23 28b	24 28c	$\vdash$	25	26 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny person	for the p	ourpose of s	soliciting c	ontribut	tions	1000							
NAME OF COMMITTEE (In Full)																
Massachusetts Republican State Congress	sional Committee															
Full Name (Last, First, Middle Initial) Paychex/InterPay				Transaction ID: 71015.E9957 Date of Disbursement												
Mailing Address PO Box 8295				Amount of Each Disbursement this Period												
City Boston	State Zip Code MA 02266-			Amo	ount of Eacl	h Disburse			riod							
Purpose of Disbursement Payroll Services							67	7.45								
Candidate Name			tegory/ ype													
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			PAYROLL SERVICES												
Full Name (Last, First, Middle Initial)				Tran	saction ID	): 7101 <i>5</i>	5 F996	 31								
Paychex/InterPay				Date	of Disburs	sement			,							
Mailing Address PO Box 8295				1 <sup>M</sup> C	) M / D	12 /	žo	ŏ7 <sup>°</sup>								
City Boston	State Zip Code MA 02266-			Amo	ount of Eac	h Disburse			riod							
Purpose of Disbursement Payroll Service Charge -401 K							155	5.00								
Candidate Name			tegory/ ype													
Senate President	ement For: Primary General Other (specify)			PAY 01 K	ROLL SE	RVICE (	CHAR	GE -4	-							
State: District: Full Name (Last, First, Middle Initial)				_												
Paychex/InterPay				_	saction ID of Disburs				1							
Mailing Address PO Box 8295				1 0	)	18	20	ŏ7 <sup>°</sup>								
City Boston	State Zip Code MA 02266-			Amo	ount of Eac	h Disburse	ement t	his Per	riod							
Purpose of Disbursement Payroll-401 K							961	1.54								
Candidate Name			tegory/ ype													
Senate President	ement For: Primary General Other (specify)			PAYROLL-401 K												
State: District:																
SUBTOTAL of Disbursements This Page (optional)			•				1183	3.99								

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)			ΙF	ORLIN	IE NUMB	FR.		P	AGE	22 /	36	
TEMIZED DISBURSEMENTS	Use separate schedul for each category of the		(	check o	nly one)						_	,
	Detailed Summary Pa	ıge		21b 27	22 28a	$\vdash$	23 28b	24 28c		25 29	$\vdash$	26 30b
Any Information copied from such Reports and Statem											3	
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any poli	itical co	mm	ittee to s	solicit con	tribu	tions fr	om such (	comr	nittee		
Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) Paychex/InterPay							ion ID	: 71113 ement	3.E9	980		
Mailing Address PO Box 8295					1 O	) M	/ D	8 /	Ž	o ŏ	7 <sup>Y</sup>	
City Boston	State Zip Code MA 02266-				Amo	unt d	of Each	Disburse		-	_	od
Purpose of Disbursement Payroll-Taxes									18	15.82	2	
Candidate Name				egory/ vpe								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Gene Other (specify)	eral			PAYROLL-TAXES							
Full Name (Last, First, Middle Initial) Poland Spring Poland Spring					1		ion ID:	: 71113 ement	3.E9	996		
Mailing Address Processing Center PO Box 52271					1 O	) M	/ D2	22 /	Ž	o ŏ	7 <sup>Y</sup>	
City Phoenix	State Zip Code AZ 85072-				Amo	unt d	of Each	Disburse	men	nt this I	Perio	od
Purpose of Disbursement Bottle Water	712 00072			-			-			77.07	7	
Candidate Name				egory/ vpe								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Gene Other (specify)	eral			ВОТ	TLE	WAT	ER				
Full Name (Last, First, Middle Initial)					Tran	sact	ion ID	: 71113	 8.F9	975		
Jodys Quik Print					Date	of D	isburs	ement			V	
Mailing Address P.O. Box 1068					1 <sup>M</sup> C	) "		5 /	2	o ŏ	7 '	
City Middleton	State Zip Code MA 01949-				Amo	unt d	of Each	Disburse	-			od
Purpose of Disbursement Printing			•						8	85.98	3	
Candidate Name				egory/ rpe								
Senate President	ement For: Primary Gene Other (specify)	eral			PRIN	NTIN	IG					
State: District:												
SUBTOTAL of Disbursements This Page (optional)				. •					27	78.87	7	

TOTAL This Period (last page this line number only) .....

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule	(s)			IE NUMB	ER:		P.	AGE	23 /	36
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag			21b	nly one)		23	24		25	26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						urpo					30b
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee										
Full Name (Last, First, Middle Initial)  Verizon  Mailing Address P.O. Box 1						of D	isburs	71015 ement		969 2 0 ŏ 7	7 <sup>Y</sup>
City	State Zip Code MA 01654-				Amo	ount o	of Each	Disburse	-	-	
Purpose of Disbursement Phone Candidate Name				egory/					4	29.37	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	al	13	/pe	PHC	NE					
Full Name (Last, First, Middle Initial) Robert Willington						of D	isburs	: 71113 ement		992 2 0 ŏ 7	7 <sup>Y</sup>
Mailing Address 12 Arlington Street  City 5	State Zip Code							Disburse			
Reading	MA 01867-				-		-			38.86	
Purpose of Disbursement Reimbursement for travel: See below Candidate Name		C		egory/			•				
Office Sought: House Disburse Senate President State: District:	ment For: Primary Genera Other (specify)	al			REII SEE	/IBU BEI	RSEN LOW	MENT FO	OR	TRA	/EL:
Full Name (Last, First, Middle Initial) Mass. Bay Transport MBTA							ion ID:	: 71113 ement	3.E9	995	
Mailing Address 10 Park Plaza, Room 84	13				1 <sup>M</sup> (	) M	/ D	5 /	2	2 o ŏ 7	7 <sup>Y</sup>
	State Zip Code MA 02116-				Amo	unt d	of Each	Disburse	-		
Purpose of Disbursement Reimursement for R. Willington for travel			Ů						2	285.00	,
Candidate Name  Office Sought: House Disburse Senate President	ment For: Primary Genera Other (specify)			egory/ /pe	MEN	10:	ITEM] REIMI GTON	 JRSEMI FOR TF	ENT RAV	FOF	≀ R.
State: District:							•				
${\bf SUBTOTAL}$ of Disbursements This Page (optional) .				. •					17	68.23	3

TOTAL This Period (last page this line number only) ......

State:

A.

District:

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5(	CHEDULE B	(FEC Form	3X)	Use sepa	arate schedule(s	)				UMBE	R:			PA	GE	24 /	36	
IT	<b>EMIZED DISI</b>	BURSEMEN	ITS		category of the	´  ,	(cn	eck o	nly c	. ′	_				$\overline{}$		_	
				Detailed	Summary Page	-	Х	21b 27	$\vdash$	22 28a	Н	23 28b	Н	24 28c	Н	25 29	$\vdash$	26 30b
۸n	/ Information conicd	from auch Donorto	and Statema	nto mov n	at he cold or use	d by a			o for		rnor		الما		ntrib		Щ	300
	y Information copied or commercial purpo																•	
$\overline{\ }$	NAME OF COMMIT	ΓΤΕΕ (In Full)																
$\rangle$	Massachusetts F	Republican State	Congressi	onal Cor	mmittee													
	Full Name (Last, Fir	st, Middle Initial)								Trans	sacti	on ID	: 7	1113	.E99	994		
	Westborough Ma	arriott										isburs		_				
										1 <sup>M</sup> 0	М	/ D	5	/ Y	Y	0 ŏ 7	7 Y	
	Mailing Address	5400 Compute	r Drive							1 0			3			0 0 1		
	City		S	tate	Zip Code					Amou	ınt o	f Each	Dis	burse	ment	this I	Perio	nd
	Westborough		N	ЛΑ	01581-						-	-		-	-	-		
	Purpose of Disburse	ement					U			L.					.44	49.12	2	
	R. Willington Reimb	ursement for lodging	ng															
	Candidate Name					I	_	ory/										
			1				Тур	e	4	MEN	10 I	TEM	l					
	Office Sought:	House	Disbursen							MEM	O: F	R. Wİ	LLIN	NGTO	ON F	REIM	B-	
		Senate		Primary	General					URSI	EME	NT F	OR	LOD	GIN	IG		
		President	1 1	Other (spe	ecity) 🔻													

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	13034.17

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 25 / 36
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c 29 X
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congre			
Full Name (Last, First, Middle Initial)			Transaction ID: 71113.E9972
Bruce Harrison			Date of Disbursement
Mailing Address 101 Elm St			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Wakefield	State Zip Code MA 01880-		Amount of Each Disbursement this Period
Purpose of Disbursement	WA 01000-		1000.00
Administration Service			
Candidate Name		Category/ Type	
Senate President	rsement For:  Primary General  Other (specify) ▼		ADMINISTRATION SERVICE
State: District:			
Full Name (Last, First, Middle Initial) Lyndsay Jones			Transaction ID: 71015.E9963  Date of Disbursement
Mailing Address 16 Oval Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ \end{smallmatrix} & \begin{smallmatrix} M & M \\ \end{smallmatrix} & \begin{bmatrix} D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D \\ \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ \end{smallmatrix} & 2 & 0 & 0 & 7 \end{bmatrix}$
City Quincy	State Zip Code MA 02170-		Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll			1232.51
Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disbut	rsement For: Primary General Other (specify)		PAYROLL
Full Name (Last, First, Middle Initial) Lyndsay Jones			Transaction ID: 71113.E9976 Date of Disbursement
Mailing Address 16 Oval Road			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 1 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Quincy	State Zip Code MA 02170-		Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll			1232.51
Candidate Name		Category/ Type	
Senate President	rsement For: Primary General Other (specify)		PAYROLL
State: District:			
SUBTOTAL of Disbursements This Page (optional	ıl)		3465.02

BUILDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		R LINE eck onl	NUMBE	R:		L	PAGI	E 26/	36
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u> </u>	21b 27	22 28a		23 28b	2	4 8c	25 29	X
Any Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congression	ame and address of any politica										s
Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road					Date		sburse	711 ement		9977 ž 0 č	7 <sup>Y</sup>
City Chelmsford Purpose of Disbursement	State Zip Code MA 01863-				Amou	ınt of	Each	Disbu		ent this 676.92	
Payroll Candidate Name  Office Sought: House Disbu	rsement For: Primary General		atego Type		PAYF	ROLI	L				
State: President State: District:  Full Name (Last, First, Middle Initial) Robert Willington	Other (specify) ▼							710	)15.E	9964	
Mailing Address 12 Arlington Street					1 <sup>M</sup> 0	M /		<sup>D</sup> 4		ž 0 ŏ	
City Reading Purpose of Disbursement Payroll	State Zip Code MA 01867-		•		Amou	int of	Each	Disbu		ent this	
Office Sought:  Office Sought:  Senate  President  State:  District:	rsement For: Primary General Other (specify)		atego Type	-	PAYF	ROLI	L				
Full Name (Last, First, Middle Initial) Robert Willington						of Di	sburse				Y
Mailing Address 12 Arlington Street	0				1 0			8 /		ž 0 ŏ	
City Reading Purpose of Disbursement	State Zip Code MA 01867-	T			Amou	int of	∟ach	Disbu		ent this 399.58	
Payroll Candidate Name			atego Type								
Office Sought:  Senate  President  State:  Disbu	rsement For: Primary General Other (specify) ▼	•			PAYF	ROLI	<u>L</u>				
SUBTOTAL of Disbursements This Page (option	al)					-			34	476.08	3
										941.10	

### PAGE 27 / 36 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11236 9891.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9891.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11238 475.83 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 475.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11245 5311.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5311.00 15678.66 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 28 / 36 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11239 15.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.69 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 9980.45 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 9980.45 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11240 1445.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1445.12 11441.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 29 / 36 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11241 3.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3.58 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11249 3814.75 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 3814.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11248 3909.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3909.25 7727.58 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 30 / 36 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11251 15.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.37 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11237 9351.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9351.63 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 10617.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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# D

SCHEDULE D (FEC Form 3X)	(U	Jse separate	PAGE 31 / 36
DEBTS AND OBLIGATIONS	5	schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans	nu	umbered line)	X 10
NAME OF COMMITTEE (In Full)		,	
Massachusetts Republican State Congressional Committee	1		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			ebt (Purpose): ebt for research ed
Mailing Address PO Box 7247-7090			
City State ZIP Code Philadelphia PA 19170-			
Outstanding Balance Beginning This Period		Trar	nsaction ID: LS90513.E11276
1250.00			
Amount Incurred This Period Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		1250.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			ebt (Purpose): ebt for research ed
Mailing Address PO Box 7247-7090			
City State ZIP Code Philadelphia PA 19170-			
Outstanding Balance Beginning This Period		Trar	nsaction ID: LS90513.E11277
1250.00			
Amount Incurred This Period Payr	nent This Period	Outstandin	ng Balance at Close of This Period
0.00	0.00		1250.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			ebt (Purpose):
ENlisson ENilsson		Original de	ebt for IT supp- elated non fea
Mailing Address 6 Depot Street			
City State ZIP Code Westford MA 01886-			
Outstanding Balance Beginning This Period		Tros	nsaction ID: LS90513.E11301
1252.00		IIai	isaction id. L390313.L11301
		0	D
	nent This Period	Outstandin	ng Balance at Close of This Period
0.00	0.00		1252.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	3752.00
2) TOTALS This Period (last page this line number only)		<b>•</b>	
2) TOTAL OUTSTANDING LOANS from Schooling C (lost page 6	anh d		

### PAGE 32 / 36 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT support party related non fea **FNlisson FNilsson** Mailing Address 6 Depot Street City State ZIP Code 01886-Westford MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11302 360.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 360.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT support party related non fea **ENlisson ENilsson** Mailing Address 6 Depot Street 7IP Code City State Westford MA 01886-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11303 411.94 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 411.94 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Garage Government Center Original debt for parking party related non fea Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11296 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 640.00 1411.94 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 33 / 36 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street City State ZIP Code **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11295 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11300 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 640.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): mindShift Technologies, Inc. Payment of debt for IT Support party related non fea Mailing Address PO Box 200105 ZIP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS71113.E9981 1696.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 696.00 1976.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

## PAGE 34 / 36 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11289 1652.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1652.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 7IP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11290 1652.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1652.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 ZIP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11291 1652.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1652.00 4956.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate

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DEBTS AND OBLIGATIONS  Excluding Loans			FOR LINE NUMBER: (check only one) 9 X 10	
NAME OF COMMITTEE (In Full) Massachusetts Republican State C	ongressional Committee			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Original debt for IT Support party related non fea	
Mailing Address PO Box 200105				
City State Pittsburgh PA	ZIP Code 15251-			
Outstanding Balance Beginning Th	is Period	٦	Fransaction ID: LS90513.E11294	
1636.00				
Amount Incurred This Period	d Payment This Period	Outsta	nding Balance at Close of This Period	
0.00	0.0	00	1636.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			of Debt (Purpose): all debt for IT Supp- y related non fea	
Mailing Address PO Box 200105				
City State Pittsburgh PA	ZIP Code 15251-			
Outstanding Balance Beginning Th	is Period	٦	Transaction ID: LS90513.E11292	
0.00	0			
Amount Incurred This Period	d Payment This Period	Outsta	nding Balance at Close of This Period	
1636.00	0.0	00	1636.00	
C. Full Name (Last, First, Middle Initial Communication, Inc. Majority	al) of Debtor or Creditor		of Debt (Purpose): al Debt for FEA Get e Vote Mailing	
Mailing Address 274 Marconi Blv	d. Suite 260			
City State Columbus OH	ZIP Code 43215-			
Outstanding Balance Beginning Th	is Period	1	Fransaction ID: LS90508.E11226	
15000.00				
Amount Incurred This Period	d Payment This Period	Outsta	nding Balance at Close of This Period	
0.00	0.0	00	15000.00	
1) SUBTOTALS This Period This Page	e (optional)	•	18272.00	
2) TOTALS This Period (last page this line number only)			75832.44	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00	
4) ADD 2) and 3) and carry forward to	appropriate line of Summary Page (last page o	nly)	75832.44	

# ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR	PAGE 36/36	
2 U.S.C. §441a(d)) (To be used only I	FOR LINE 25 OF FORM 3	
NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Congressional Commit	tee	
Has your committee been designated to make coordinated expenditures by a political party committee?  X YES NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
TEO, Harrie the designating committee.	Walling Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
FLS Connect	Candidate assistance on targeting  Category/Type	
Mailing Address 7300 Hudson Blvd. Ste		
City Sta	1	
Saint Paul M	Date M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sou		1 0 1 5 2 0 0 7 Amount
JAMES OGONOWSKI	Senate District: 05 Presidential	13250.46
Aggregate General Election Expenditure for this Candidate ▶	13958.08	Transaction ID: 71113.E9974
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
Jodys Quik Print	Printing Category/Type	
Mailing Address P.O. Box 1068		
City Sta	ate ZIP Code	
Middleton M	A 01949	Date M M / D D / Y Y Y Y
Name of Federal Candidate Supported Office Sou	ght: X House State: MA District: 05	1.0 1.5 2.007 Amount
JAMES OGONOWSKI	Presidential Presidential	202.87
Aggregate General Election Expenditure for this Candidate ▶	13958.08	Transaction ID: 80130.E10146
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
Jodys Quik Print	Printing Category/Type	
Mailing Address P.O. Box 1068		
City	ate ZIP Code	Date
Middleton M	<del></del>	M M / D D / Y Y Y
Name of Federal Candidate Supported Office Sou	_	1.0 1.5 2.007 Amount
JAMES OGONOWSKI	Senate District: 05 Presidential	504.75
Aggregate General Election Expenditure for this Candidate	13958.08	Transaction ID: 80130.E10147
	_	13958.08
SUBTOTAL of Expenditures This Page (optional)	<u> </u>	
		13958.08

TOTAL This Period (last page this line number only) .....